

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023730

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

164
3032
95
FILED JUL 10 1962VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WarrensburgLength of stay in lb
D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas b. COUNTY Wyandotte

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR Auto accident 5 mi. E.
INSTITUTION of Warrensburg on U.S. 50 HiW

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1635 S. Valley

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Delbert

James

Horton Sr.

4. DATE OF DEATH

Month

Day

Year

June

30

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/4/1925

9. AGE (last birthday)

37

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10b. KIND OF BUSINESS OR INDUSTRY

General Motors

11. BIRTHPLACE (City and state or country)

Chanute, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Delbert Horton

13b. MOTHER'S MAIDEN NAME

Altha Akers

14. NAME OF HUSBAND OR WIFE

Ruth Smith Horton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes

(If yes, give war or dates of service)
WW #2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ruth Horton, Kansas City, Kansas

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral concussion - Broken neck -
Multiple fracturesConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto accident

20c. TIME OF
INJURYHour Month, Day, Year
5:20 p.m. 6-30-6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Hwy 47.50

20f. CITY, TOWN, OR LOCATION

Smiles East Warrensburg Johnson Mo.

21. I attended the deceased from

at view inquest only

and last saw her him alive on

Death occurred at

5:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kelly Rawlins M.D. Corona

22b. ADDRESS

Holder Mo

22c. DATE SIGNED

6/30/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

6/30/1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Kansas City, Kansas

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips, Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

June 30, 1962

26. REGISTRAR'S SIGNATURE

Lorenna Cuthfield

AUG 14 1962

JUL 11 1962

AUG 9 1962
JUL 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.